



Application Number: _____

Talbot County Office of Permits and Inspections
215 Bay Street, Suite 3
Easton, Maryland 21601
410-770-6840

Building Permit/Zoning Certificate Application

ITEMS IN Bold Type ARE REQUIRED INFORMATION

Type of Construction (Circle One): **Residential** **Commercial** **Agricultural**

Project Description: _____

FEES PAID:	Building Permit.....	\$	_____	.00
	Zoning Fee...(Required Fee).....	\$	_____	35.00
	Flood Plain Surcharge	\$	_____	.00
	Other.....	\$	_____	.00
Total Fees Paid:		\$	_____	.00

Please check one of the boxes below for primary contact to receive permit information.

☐ **Property Owner:**

Name: _____

Mailing Address: _____

Phone: _____ **Fax:** _____

Email: _____

☐ **Contractor:**

Name: _____

Mailing Address: _____

Phone: _____ **Fax:** _____

Email: _____

MHIC #: _____ **MHBR #:** _____ **MDE #:** _____

☐ **Applicant:**

Name: _____

Mail Address: _____

Phone: _____ **Fax:** _____

Email: _____

Property Information:

Zoning:_____ **Acres:** _____ **Map:** _____ **Grid:** _____ **Parcel:** _____ **Lot:** _____ **Section:** _____

Tax Identification Number: _____

Subdivision Name: _____

Location of Project (Physical/911 Address): _____

Road Frontage:_____ **Longest Depth (front to rear):**_____ **Water Frontage (tidal):** _____

Flood Zone: _____ **Exempt from Flood Zone compliance?** Yes / No

Setbacks:

Proposed: Front: _____ **Side:** _____ **Side:** _____ **Rear:**_____ **MHW:** _____

Required: Front: _____ **Side:** _____ **Side:** _____ **Rear:**_____ **MHW:** _____

Type of Construction: (Circle One) Site-built / Pre-engineered / Manufactured / Modular

Dimensions

Width (ft): _____ Length (ft): _____ Height (ft): _____ # of Stories: _____

Heated Area SF: _____ Plan Area SF (footprint): _____ Non-Heated Area SF: _____

Total number of bedrooms: _____ Total number of bathrooms: _____

Sub-Contractor Information:

Electrical Work Planned?: Yes / No Contractor License No. _____

Contractor Name: _____

Plumbing Work Planned?: Yes / No Contractor License No. _____

Contractor Name: _____

Mechanical/HVAC Work Planned?: Yes / No Contractor License No. _____

Contractor Name: _____

Type of Heat: _____

Fuel Gas Permit: Yes / No Contractor License No. _____

Contractor Name: _____

Fire Sprinklers to be installed?: Yes / No *Required for NEW residential dwellings.

Sanitary Facilities: (Please Circle) Water: On Site / Public Sewer: On Site / Public

Value of Construction: \$ _____

Office Use Only:

Approvals: Building Inspector: _____ Date: _____

Health Department: _____ Date: _____

Planning Office: _____ Date: _____

Department of Public Works: _____ Date: _____

Comments/Special Conditions: _____

Applicant's Certification: By completing this application the applicant hereby certifies as follows under penalty of perjury: (1) I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their agent; (2) That the information in this application and construction documents provides full disclosure and a complete description of the project; and (3) That the information contained in the application and construction documents is in compliance with all applicable covenants and or deed restrictions.

If a permit is issued the applicant further certifies as follows; (1) That I will comply with all applicable codes of Talbot County and the State of Maryland; (2) That I will perform no work on the above property not specifically included in this application and construction documents; and, (3) That County Officials shall have authority to enter areas covered by such permit to enforce the codes applicable to such permit.

Applicant's Signature: _____ **Date:** _____

Print Name (Applicant): _____

Application taken by: _____ Date: _____

Entered in Munis by: _____ Date: _____